

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-879)**

SERIAL NO.	10/510283	FILED DATE
APPLICANT'S		

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2		1				
3		1				
4		1				
5		1				
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49						
50						
TOTAL IND.	1	↓		↓		↓
TOTAL DEP.	4	←		←		←
TOTAL CLAIMS	5					

	AS FILED		AFTER 111 AMENDMENT		AFTER 111 AMENDMENT	
	IND.	DEF.	IND.	DEF.	IND.	DEF.
61						
62						
63						
64						
65						
66						
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99						
100						
TOTAL IND.			↓		↓	
TOTAL DEF.			←		←	
TOTAL ALBMA						